



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application

Applicant(s): Ping-Wen Ong  
Case: 11  
Serial No.: 09/201,749  
Filing Date: December 1, 2005  
Group: 3624  
Examiner: Ella Colbert

I hereby certify that this paper is being deposited on this date with the U.S. Postal Service as first class mail addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Signature: *[Signature]* Date: March 23, 2005

Title: Method and Apparatus for Resolving Domain Names of Persistent Web Resources

TRANSMITTAL LETTER

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith are the following documents relating to the above-identified patent application:

1. Amendment and Response to Office Action; and
2. Supplemental Information Disclosure Statement with Form PTO 1449.

There is no additional claim fee due in connection with the Amendment. In the event of non-payment or improper payment of a required fee, the Commissioner is authorized to charge or to credit Deposit Account No. 50-0762 as required to correct the error. A duplicate copy of this letter is enclosed.

Respectfully,

*[Signature]*

Date: March 23, 2005

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04/25/2005 LLITTLE 00000011 500762 09201749  
01 FC:1201 800.00 DA  
02 FC:1202 350.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

09/201749

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 28 minus 20 = | *            |
| INDEPENDENT CLAIMS  | 6 minus 3 =   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|   |                                  |       |                                    |               |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 35                             | Minus | ** 28                              | = 7           |
| Independent   | * 7                              | Minus | *** 6                              | = 1           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

|           |        |    |           |        |
|-----------|--------|----|-----------|--------|
| RATE      | FEE    |    | RATE      | FEE    |
| BASIC FEE | 395.00 | OR | BASIC FEE | 790.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X44=      |        | OR | X88=      |        |
| +150=     |        | OR | +300=     |        |
| TOTAL     |        | OR | TOTAL     |        |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                | OR | X\$18=           | 350            |
| X44=             |                | OR | X88=             | 200            |
| +150=            |                | OR | +300=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE | 550.00         |

(Column 1) (Column 2) (Column 3)

|   |                                  |       |                                    |               |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                | OR | X\$18=           |                |
| X44=             |                | OR | X88=             |                |
| +150=            |                | OR | +300=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

|   |                                  |       |                                    |               |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                | OR | X\$18=           |                |
| X44=             |                | OR | X88=             |                |
| +150=            |                | OR | +300=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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01 FC:1201 200.00 DA  
02 FC:1202 350.00 DA